The Massachusetts Economic Development Incentive Program

CERTIFIED PROJECT APPLICATION

APPLICANT INFORMATION

1.	Name and address of t	ousiness(es) submitting this application (please	list fiscal year end for each business):
2.	Name and address of p	project (if different from above):	
3.	Location of ETA :		
4.	Location of EOA:		
5.	Authorization: I/We,	(print)	intentions for job creation and investment
		(Signature)	(Date)
		(Signature)	(Date)
		(Additional Signatures, if necessary)	(Date)

6.	Nature and Purpose of Project : Describe briefly the nature and history of the business as well as the specific
expan	sion/growth/relocation plans: the level of new investment (with a breakdown of type of expense: construction,
renov	ation, acquisition of equipment, etc.) and employment levels - both current and projected. Provide time frames for
both t	he projected total investment and job creation. As part of this narrative, please explain why the business is seeking
Certif	ied Project designation.

7.	Is this business new to Massachusetts?	□ Yes □ No
	If no: • Where are the existing Massachus	setts facilities?
	• Will this project require/trigger the facilities? If yes, please explain.	e closing or consolidation of any Massachusetts
8.	Is this project an expansion of an existing bu	ısiness? □ Yes □ No
	If yes, check the appropriate box:	☐ at existing location ☐ at new location in same municipality ☐ at new location in different municipality
9.	Job Creation	

In order to qualify for Certified Project status, the governing statute and regulations require the creation of net, new, permanent full-time employees in Massachusetts. On the chart provided (see next page), please fill in the

blanks provided.

10.	Certification for Abandoned Buildings - Does the proposed project involve the renovation and reuse of an abandoned building? \square Yes \square No \square Unsure		
	If yes or unsure, please answer the following questions:		
	(a)	How long has the building been vacant? (If known, state date)	
	(b)	During this period of time, what percentage of the building was vacant and unused? If the percentage varied during this time period, provide information for each change in the percent of vacant space and the applicable time period.	
11.	Local I	Employment - What actions will you take to recruit employees from among residents of the ETA?	
	Provide any information, documentation, or studies which demonstrate that:		
	(a)	The business has the intention and capacity to achieve the anticipated level of new permanent full-time jobs for residents of the municipality/Economic Target Area; and	
	(b)	Taking into consideration existing economic conditions, the proposed project is likely to succeed in creating and retaining the anticipated level of new permanent full-time jobs for residents of the municipality/Economic Target Area.	

12.	Affirmative Action - Does the business have an Affirmative Action/Equal Employment Opportunity Plan or Statement? ☐ Yes ☐ No
	If yes, please attach a copy.
	If no, describe the business' hiring policies and practices.
•	Agreement Between the Business and Area Banks - Describe briefly the business' local banking relationship(s), Does the institution with which the business banks participate in the Massachusetts Capital Access Program, which ned to commit a portion of the business' deposits to fund loans to local businesses?

14. Economic Benefits of Project Certification - Provide a description of the economic benefits that are anticipated for the business and the project, if the project is certified. For example, describe anticipated state and local tax benefits, municipal road or infrastructure improvements, assistance from local job training programs, the impact of local permit streamlining and other benefits anticipated if the project is certified. Also, provide any information, documentation or studies demonstrating any additional benefits (i.e. reduction of blight, reuse of abandoned buildings, clean up of contaminated property, job training, provision of day care, any contributions to the community, etc.) likely to accrue to the area as a result of Certified Project designation.

Certified Project Designation - Page 6

SPECIAL REQUIREMENTS FOR REAL ESTATE PROJECTS 1. Will the business own or lease/rent the facility? □ Own □ Lease/Rent If leasing/renting, please identify the developer/landlord, and state who will be the taxpayer of record for the purpose of paying local real estate taxes. If owning, will the business fully occupy the space? \square Yes \square No If no, does the business intend to lease/rent the remaining space? 2. Describe how the various tax benefits and other economic incentives that will result from Certified Project designation will be allocated among the business(es) developing the project (i.e. a developer or landlord) and the business(es) intending to purchase, lease or rent space at the facility (i.e. tenant or tenants). SUPPLEMENTAL INFORMATION 1. Name(s) of the business(es) intending to take advantage of the state tax incentives **Business Name:** Federal Employer Identification #: Address: Phone: Fax: Contact Person: Type of Organization (check that which applies): Corporation: ☐ For profit; ☐ S Corp.; ☐ Non-profit Business Trust Partnership: ☐ General Partnership; ☐ Limited Partnership

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Level of Interest:

Individual

□ 5% Investment Tax Credit

☐ 10% Abandoned Building Tax Deduction (if applicable)

☐ Local real estate tax incentive beneficiary

	2nd Business Name (if applicable): Federal Employer Identification #: Address:		
	Phone: Fax: Contact Person: Type of Organization (chec	on □ For profit; □ S Corp.; □ Non-profit Trust ip □ General Partnership; □ Limited Partnership	
	Level of Interest:	☐ 5% Investment Tax Credit ☐ 10% Abandoned Building Tax Deduction (if appl ☐ Local real estate tax incentive beneficiary	icable)
with thi	*** If there are more than is project, please provide th	n two businesses intending to take advantage of the state to ne above information for all such businesses.	ax incentives associated
 A - If a corporation, please list the names and addresses of the officers and directors of any person and/or corporation with a financial interest of five percent or greater in said corporation. B - If a partnership, please list the names and addresses of all partners, and include the owned by each partner. C - If a business trust, please name all members and beneficiaries of said trust. 			
3. may ow		address, phone number and contact person for any organization, or who are affiliated with the applicant busi	organizations which ness organization.
4.	Massachusetts via a Certific	ing - Please provide proof of good tax standing in the Commo cate of Good Standing, which is a letter issued by the Massac of a Certificate of Good Standing, please see Attachment I of	husetts Department of

ATTACHMENT

DEFINITIONS, as specified in 402 CMR 2.03:

Blighted Open Area - a predominantly open area which is detrimental to the safety, health, welfare or sound growth of a community and which is predominantly open because it is unduly costly to develop it soundly through the ordinary operations of private enterprise. Factors which might make an area unduly expensive to develop include, but are not limited to, existence of hazardous materials or other contaminants; existence of ledge, rock, unsuitable soil, or other physical conditions; need for unduly expensive excavation, fill or grading; need for unduly expensive foundations or retaining walls, need for unduly expensive waterproofing, drainage or flood prevention measures; need for unduly expensive measures incident to building around or over rights-of-way through the area; existence of obsolete, inappropriate or otherwise faulty platting or subdividing; deterioration of site improvements or facilities; division of the area rights-of-way; diversity of ownership; inadequate transportation facilities; inadequate utility systems; tax and special assessment delinquencies; a substantial change in business or economic conditions or practices; an abandonment or cessation of work begun on improvements; any combination of the above; or any other condition or conditions which are detrimental to the safety, health, or sound growth of a community.

Decadent Area - an area which is detrimental to safety, health, welfare or sound growth of a community because of the existence of buildings which are out of repair, physically deteriorated, unfit for human habitation, obsolete, or in need of major maintenance or repair; or because much of the real estate in recent years has been sold or taken for non-payment of taxes or upon foreclosure of mortgages; or because buildings have been torn down and not replaced and in which under existing conditions it is improbable that the buildings will be replaced; or because of a substantial change in business or economic conditions; or because of inadequate light, air, or open space; or because of excessive land coverage; or because diversity of ownership, irregular lot sizes, or obsolete street patterns make it improbable that the area will be redeveloped by the ordinary operations of private enterprise; or by reason of any combination of the foregoing conditions.

<u>Substandard Area</u> - an area wherein dwellings predominate which, by reason of dilapidation, overcrowding, faulty arrangement or design, lack of ventilation, light, or sanitation facilities, or any combination of these factors, are detrimental to safety, health, welfare or sound growth of a community.